PART B - FEE(S) TRANSMITTAL

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G. VICTOR TREYZ FLOOD BUILDING 870 MARKET STREET, SUITE 984 SAN FRANCISCO, CA 94102				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
08/22/2005 NNGUYEN2 00000023 10784417				G. VICTOR TREYZ (Depositor's name)			
01 FC:1501 1400.00 OP				6. Victor Trey (Signature) 8/19/05 (Date)			
APPLICATION NO.	ICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/784,417	10/784,417 02/23/2004		Minchang Liang		A1385	1815	
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APPLN. TYPE	SMALL ENTITY	ISSUE FI		UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	rovisional NO \$140				\$1400	10/28/2005	
EXAMINER		ART UNIT C		LASS-SUBCLASS			
SOWARD, IDA M		2822		257-370000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3				
Number is required.	DESIDENCE DATA TO B	E PRINTED ON T	listed, no name will be printed. HE PATENT (print or type)				
			-		nee is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGN				Y and STATE OR CO			
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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
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• • •			, ,	Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # o	The Director is Deposit Account Nu	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502 942 (enclose an extra copy of this form).					
_ ~ .	(from status indicated above MALL ENTITY status. See	•	h Applicant is no	o longer claiming SMA	LL ENTITY status. See 37 C	EP 1 27(a)(2)	
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Authorized Signature	g. Vich 1	ly		Date	3/19/05		
Typed or printed name G. VICTOR TREY2			Date 8/19/05 Registration No. 36, 29 4				
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							
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